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HIV/AIDS in Older Adults: The New Frontier

Data Indicate that a Significant Number of Older Adults are Sexually Active

There is an Increase in HIV/AIDS Among Older Adults

There are Differing Consequences for HIV/AIDS Among Older Adults



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HIV/AIDS in Older Adults: Facing the New Frontier

Older adults, a population defined by the United States Department of Census as “those aged 55 and older” (1) comprise an ever increasing percentage of the overall population. As of 2000, there were more than 281.4 million people living in the United States (2). Of those, 59.3 million were older Americans, an increase of 13% from the 1990 census. During this time period, the median age increased from 32.9 to 35.3, reflecting the “graying of America”, and of the ten fastest growing five-year age groups designated by the Department of Census, six were among older adults (3).



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Interestingly, census data indicate that the older population of the District of Columbia did not grow between the two census periods. In fact, there was a 7% decrease in the population of older adults in the District, with 119.6 thousand older adults from a total population of 572.1 thousand citizens in

2000. Despite the overall decline in the number of older adults in the District, in 2000 they still comprised a significant percentage of the overall population, 21%, which is the same percentage they comprised at the national level in 2000.

Older Adults and Sexuality

Despite the common myths regarding sexuality among older adults in our culture, many older Americans remain interested in sexual activity and relationships throughout

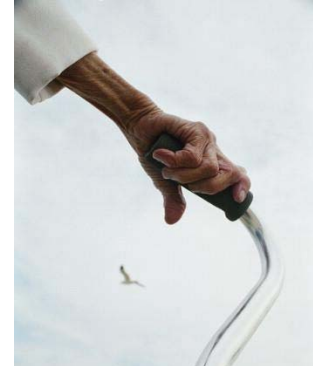
their lifespan. Indeed, in a recent review of several investigations of sexuality among older adults, data were provided that prove just that (4). For example, surveys have indicated that the majority of older adults, both men and women, agree that a satisfying sexual life is important to their overall quality of life (5). Indeed, older adults report that they are engaging in sexual behavior with regularity, with one study indicating that a substantial percentage of older Americans (26% of 60-69 year old men and 10% of 60-69 year old women) are engaging in some form of sexual behavior more than once a week (6).

Together, these data indicate that a significant number of older adults are sexually active, with many engaging in sexual behavior with regular frequency. Many are doing so as widows/widowers, having outlived their spouses after many decades of marriage. As a result, they may not have sufficient knowledge of the necessity of taking steps to protect themselves from STDs, and/or the means by which they can do it. In addition, many older women, having begun their post-menopausal years, and their male partners may feel that they do not have to worry about safe sexual behavior, as contraception is no longer an issue. Despite these facts, ageist assumptions about sexuality have played, and continue to play, a major factor in our Nation's reluctance to address issues of sexuality among older Americans, which may be even more complicated for older adults of color given experiences with racism they may have experienced within the health care system.

Older Adults and HIV/AIDS

Throughout the history of the HIV/AIDS epidemic, there has been scarce attention given to HIV/AIDS-related issues in older adults, with social scientists not beginning to focus substantial attention to HIV/AIDS among older adults until the mid-nineties. As a result, many important questions remain that must be addressed if we are ever to conquer the epidemic within this age group. Areas in

which further information is needed include: 1) prevalence of HIV/AIDS risk behavior among older adults, 2) ethnic differences in HIV/AIDS-related variables among older adults, 3) negotiation of safe-sexual behavior among older adult women, 4) efficacious HIV/AIDS prevention programs for older adults. These, and other substantial gaps in HIV/AIDS-related knowledge, exist concerning this population despite the fact that there have been more AIDS cases among the elderly than among young children (7).



In hopes of providing an additional means for the dissemination of the data that do exist on HIV/AIDS and older adults, we will provide a brief synopsis of research concerning this issue. Such information is essential in that it provides the basis from which further investigations can be conducted and through which efficacious HIV/AIDS intervention and prevention programs for older adults can be designed and implemented.

Growth in the Population of Older Adults with HIV/AIDS

Such information is particularly relevant given the “graying” of the general population in the United States and the population of those living with HIV/AIDS. As previously discussed, older adults comprise one of the fastest growing segments of the population. As the older population increases, so does the number of potential adults that may become infected with HIV through unsafe sexual behavior or other risky behavior.

In addition, with the advent of Highly Active Antiretroviral Therapy (HAART) in 1996 the number of individuals dying from AIDS-related complications has decreased each subsequent year. Examination of surveillance data from the Centers for Disease Control and Prevention indicates

that within the United States, the number of deaths from AIDS-related complications has declined 43% since the advent of HAART. As a result of an increased average lifespan, there will be gradual increases in the number of older adults living with HIV/AIDS.

Incidence & Prevalence of HIV/AIDS Among Older Adults

Despite cultural myths and stereotypes, data do indicate that older adults are engaging in behavior that places them at risk for HIV infection and AIDS. Indeed data indicate that older adults comprise similar percentages of the United States population and cumulative AIDS cases, 21% and 17% respectively (16). A very different picture exists within the District of Columbia, where older adults comprise 21 % of the overall population, but only 6% of cumulative AIDS cases. This data indicates the urgency of addressing HIV/AIDS within older adults living in the District of Columbia if we are to prevent the epidemic from becoming as large of a problem within older adults as it is currently is at the national level within this population.

As is the case at the national level, people of color are disproportionately impacted by HIV/AIDS. Cumulatively, people of color comprise 56% of AIDS cases diagnosed among older adults from the beginning of the epidemic through 2001 in the United States. African-Americans comprise the majority of the cases diagnosed among people of color, 32% of the overall number of AIDS cases among older adults, followed by Latino/as, 17% of the overall number of AIDS cases among older adults.



Asian/Pacific Islanders and American Indian/Alaska Native Americans each comprise less than 1% of the total number of AIDS cases (17).

Within the District, the picture is very similar, with people of color comprising 81% of cumulative AIDS cases diagnosed from the beginning of the epidemic until 2001.

Biological changes common among older adults may increase their risk of acquiring HIV/AIDS.

African-Americans comprise a much larger percentage of the District population (60%) than they do at the national level (12%); however, as is the case at the national level, African-Americans comprise a much greater percentage of cumulative AIDS cases than would be expected based on their percentage of the

population, 77% of the overall number of AIDS cases among older adults within the District of Columbia. Latinos comprise 4% of the overall number of cumulative AIDS cases among older adults. Lastly, as was the case at the national level, Asian/Pacific Islanders and American Indian/Alaska Native Americans each comprise less than 1% of the total number of cumulative AIDS cases among older adults.

With respect to the distribution of AIDS cases within men and women of different ethnic groups within the District, data indicate that African-American women make up a startling 92% of AIDS cases among older adult women, although they only make up 69% of the overall population of older adult females. African-American males, 63% of the adult male population within the District, constitute an alarming 75% of cumulative AIDS cases among males within the District of Columbia. AIDS cases within other ethnic groups are actually smaller than would be expected based on their population of older adults within the District of Columbia.

Together these data indicate that HIV/AIDS, both at the District and National level, is most heavily impacting African-American older adults.

Increased Vulnerability to HIV/AIDS Among Older Adults

As the population of older adults living with HIV/AIDS grows through increases in the number of older adults being infected with HIV and increases in the number of people living with HIV surviving into older adulthood, we must address additional concerns specific to older adults if we are to address their needs. Although there has not been a sufficient amount of research done on HIV/AIDS-related issues among older adults, what data do exist indicate that certain biological changes common among older adults may increase their risk of acquiring HIV/AIDS.

The lack of HIV preventive behavior among this age group may be accounted for by the relative lack of HIV/AIDS-related knowledge among older adults

For example, as women age they experience a decline in vaginal secretions, resulting in a greater likelihood of tears in the vaginal wall during sexual intercourse, and increased susceptibility to HIV infection. In addition, decreased penile myotonia, hardness of the penis during sexual arousal, among older adult males increases the difficulty of using condoms during sexual intercourse (8). As a result,

older males may be less willing to use condoms during sexual intercourse, which may be exacerbated by an increased inability of older adult females to negotiate safe sexual behavior with their male partners.

HIV/AIDS Knowledge and Risk Among Older Adults

Despite the actual increased risk of HIV infection that is present among older adults, little research has been conducted to ascertain the prevalence of risk behaviors among older adults. What research that does exist indicates that older adults do indeed engage in HIV/AIDS risk behavior. For example, in 1994 the National AIDS Behavior Survey indicated that 10% of older adults had at least one HIV risk factor. Strikingly, older adults at risk of HIV infection were only 1/6 as likely to use condoms and 1/5 as likely to be tested for HIV infection as were a group of 20-year-olds with similar levels of HIV risk (9).

The lack of HIV preventive behavior among this age group may be accounted for by the relative lack of HIV/AIDS-related knowledge among older adults in comparison to their younger counterparts. Indeed, data from both state and national level surveys indicate that older adults are less knowledgeable about HIV/AIDS than adults in younger age groups (10). Such surveys have indicated that older adults are less likely to have accurate information about HIV/AIDS, including information about how to protect themselves from acquiring HIV (11). This may be a particular problem for older adults of color, as research has indicated that they are more likely to have less education and lower levels of HIV/AIDS-related knowledge than their white counterparts (12).



The situation is compounded by the increased likelihood that health practitioners may misdiagnose AIDS-related symptoms and illnesses among older adults. Lower suspicion of HIV/AIDS among older adults may lead to

health care practitioners diagnosing such symptoms as indicative of Alzheimer's disease, pneumonia, cardiovascular illness, and chronic pulmonary disease (13). Misdiagnosis is likely, given the greater likelihood of such illnesses among older adults.

Differing Consequences for HIV/AIDS Among Older Adults

The transition into older adulthood may be difficult for many individuals given the change in lifestyle from that of a primary caregiver, to a lifestyle of one who is in need of care. Unfortunately, although many older adults are in need of assistance from loved ones and others in order to maintain adequate health, they may not have younger children, other relatives, and/or friends who are willing or able to assist them with such care. Indeed, reviews of HIV/AIDS-related research has indicated that the ability of older adults to cope with HIV/AIDS is hampered by a number of factors including inadequate community support systems and the lack of older siblings who can assist with their health care (14). Even if they do have assistance in obtaining health care, many older adults do not have sufficient financial means to afford the extremely high costs of HIV/AIDS medication.

As a result of the aforementioned factors, older adults with HIV/AIDS are less likely to access prophylaxis, more likely to have a comorbid illness, more likely to have a compromised immune system, more likely to be diagnosed later in illness, more likely to progress to AIDS diagnosis once they seroconvert, and more likely to not survive as long with HIV/AIDS as their younger counterparts (15). For these very reasons, adequate HIV/AIDS-related knowledge is an absolute necessity for older adults and their health practitioners.

Addressing HIV/AIDS Among Older Adults

Despite the multiple difficulties older adults face, difficulties that may complicate efforts to address HIV/AIDS within this population, lessons learned throughout the history of the HIV/AIDS epidemic present some hope. Since the beginning of the HIV/AIDS epidemic within the United States, we have begun to realize the necessity of conducting sound efficacy based HIV/AIDS prevention and care research. Such information provides us with the best methods of addressing this issue regardless of the population with which one is working.

As has been the case with HIV/AIDS research with other populations, research with other older adults must be conducted with the tacit acknowledgement of the diversity that exists within this population. Older adults differ in terms of factors such as ethnicity (e.g., African-American, Latino, White) sexual orientation (e.g., homosexual, bisexual, heterosexual) and socioeconomic status (e.g., poor, working class, wealthy). This diversity necessitates a focused approach to HIV/AIDS prevention and care research in which specific interventions are developed for specific subpopulations within older adults (e.g., MSM, women, individuals from specific ethnic groups), as different cultural factors may interact in ways which affect the extent to which a prevention program is successful in reducing HIV/AIDS-risk behavior.

HIV/AIDS prevention researchers must continue to refine research in this field if we are to ever answer important questions that remain regarding the best means of reducing HIV/AIDS among older adults. Such research must provide information that answers the following questions: 1) frequency of HIV-risk behavior among older adults, 2) particular subpopulations of older adults at particular risk for HIV/AIDS, 3) factors that explain HIV

behavioral risk among older adults, and 4) components of interventions effective in prevention of HIV/AIDS among older adults. With such data as a part of their arsenal, prevention scientists and programmers can more adequately design programs that effectively reduce HIV/AIDS among older adults.

The process by which older adults reach decisions to access HIV/AIDS care is also an important area of inquiry. Although HAART has done a tremendous job of reducing the incidence of AIDS diagnoses and AIDS-related deaths within the United States, there is still much work to be done. Many individuals, including older adults, do not access available treatment. Thus, research must continue to answer important questions related to decisions older adults make regarding accessing HIV/AIDS testing and care, as such behavior may be complicated by the existence of HIV/AIDS stigma, poverty, sexism, racism, ageism, and other factors.



Although much research remains to be done in this arena, existing data have provided knowledge relevant to understanding HIV/AIDS-related issues among older adults. Older adults comprise an ever-increasing percentage of the overall population, and despite ageist stereotypes, they are engaging in risky sexual behavior that places them at risk for HIV infection and AIDS. What data do exist indicate that older adults may be at an elevated risk of HIV/AIDS given they are less likely to have adequate levels of HIV/AIDS related knowledge than are their younger counterparts. As a result, they may be less likely to take the steps necessary to protect themselves from HIV/AIDS.

This problem is exacerbated by the tendency of health care practitioners to misdiagnose AIDS-related illnesses among older adults, resulting in a significant percentage

of older adults being unaware that they are HIV positive. Unfortunately, given the greater presence of immune-compromising disorders among older adults, they, more so than their younger counterparts, are in need of early intervention once they become infected with HIV.

Indeed, much work remains to be done; however, with a more concerted effort, advocates for seniors, and seniors themselves may be able to more adequately address a disease, that is HIV/AIDS, with the potential of reeking havoc on a sector of American society already heavily impacted by disease, older adults.

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